

State of Alaska - Air Operating Permit Program
Owner Requested Limit

FACILITY IDENTIFICATION:

No. 038ORL01

| | |
|----------------------------|--------------------------------------|
| Owner/Operator: | Port Bailey Wild Enterprises, LLC |
| Facility Name: | Port Bailey Plant |
| Owner Address: | PO Box KPY |
| City, State, Zip: | Port Bailey, Alaska 99697-0060 |
| Latitude/Longitude: | 57° 55' 50" North, 153° 02' 47" West |
| Facility Contact: | Mr. Robert Gustafson |
| Phone Number: | |

The above-named owner/operator has submitted a complete application for an owner-requested limit under 18 AAC 50.225(b) for the Port Bailey Wild Enterprises, LLC Port Bailey Plant. The Department grants an owner-requested limit to restrict the potential to emit of the facility to avoid the requirements for an operating permit under 18 AAC 50.325(b)(1). The Department certifies that the owner-requested limit is effective as of the date noted below.

In accordance with 18 AAC 50.225(f), the applicant has agreed to the conditions listed on the following pages.

The owner or operator may revise this limit under 18 AAC 50.225(h) by submitting a new request under 18 AAC 50.225(b). This limit remains in effect until the revision is approved. The owner or operator may terminate this limit according to the procedures of 18 AAC 50.225(h).

I understand and agree to the terms and conditions of this approval.

Owner or Operator

Printed Name

Title: _____

This certifies that on _____, (date) the person named above appeared before me, a notary public

in _____ and for the State of _____, and signed the above statement in my presence.

Notary Signature & Seal _____

My commission expires: _____

Department approval:

John F. Kuterbach, Program Manager
Air Permit Program

Owner Requested Limit Effective Date

CONDITIONS

1. The owner/operator shall limit fuel consumption in the sources listed in Table 1 to no more than a cumulative total of 1,593,200 gallons of fuel in any consecutive twelve month period.
2. The owner/operator shall limit the fuel consumption in the diesel generators listed in Table 1 to no more than a cumulative total of 279,200 gallons of fuel in any consecutive 12 month period.
3. The owner/operator shall ensure that fuel sulfur content of the liquid fuel burned at the facility does not exceed 0.50% by weight.
4. The owner/operator shall conduct monitoring related to the conditions established in this limit, in accordance with the following:
 - (A) For conditions 1 and 2
 - (1) Measure and record the quantity of diesel fuel and used oil combusted in the sources listed in Table 1 at the facility, monthly;
 - (2) Measure and record the quantity of fuel combusted in the diesel generators listed in Table 1 , monthly;
 - (B) For condition 3, obtain the percent sulfur by weight, as determined by ASTM approved test methods, for each fuel shipment that is used in sources at the facility. If the grade of fuel requires 0.50% sulfur by weight or less, the owner/operator shall obtain a record from the shipper that specifies the grade of fuel.
5. The owner/operator shall retain records of all required monitoring data and support information for the period stipulated below. The owner/operator shall keep specific records as follows:
 - (A) Keep records of the quantity of diesel fuel and used oil burned in the sources listed in Table 1 by month, and any supporting documentation for at least five (5) years from the date of collection;
 - (B) Keep records of the quantity of fuel burned in the diesel generators listed in Table 1 by month, and any supporting documentation for at least five (5) years from the date of collection;
 - (C) Keep copies of fuel delivery records that specifies the grade of fuel used in sources at the facility for at least two (2) years from the date of collection; and
 - (D) Keep copies of reports and certifications required by this approval for at least five (5) years from the date of submission.

6. The owner/operator shall submit three copies of an annual compliance report to the Alaska Department of Environmental Conservation, Air Permit Program, 610 University Ave, Fairbanks, Alaska 99709. The report is due by **February 1** for information from the period January 1 through December 31. The reports are to contain:
 - (A) The name of the owner/operator, the facility name, ORL number and the period of the report;
 - (B) a listing of the diesel fuel consumed in the sources listed in Table 1 for the past 12 months, by month;
 - (C) a listing of the fuel consumed by the diesel generators listed in Table 1 for the past 12 months, by month;
 - (D) a listing of the sulfur content, fuel sulfur testing results, or the fuel grade of each fuel shipment used in sources at the facility;
 - (E) The reports must clearly identify any deviation from the limit requirements; and
 - (F) A certification of report information, signed by the Responsible Official defined in 18 AAC 50.990(77), using the format of 18 AAC 50.205.
7. The owner/operator shall certify compliance annually by February 1 of each year for the period from January 1 to December 31 of the previous year in accordance with the format specified in 18 AAC 50.205. The owner/operator shall submit two copies and the original of the annual certification of compliance to the Alaska Department of Environmental Conservation, Air Permit Program, 610 University Ave., Fairbanks, Alaska, 99709, and send one copy to EPA, 1200 6th Ave. mailstop OAQ-107, Seattle, WA 98101.
8. The owner/operator shall fax a notification to the Anchorage Air Permits office at (907) 269-7508 within 24 hours of discovery if
 - a) fuel use for the sources listed in Table 1 exceed 1,400,000 gallons in any 12 month period, and/or
 - b) fuel use in the diesel generators listed in Table 1 exceeds 255,000 gallons in any 12 month period.

Statement of Avoided Requirement :

The potential to emit of the sources listed in Table 1 for any one regulated air contaminant is reduced to less than 100 tons per year by limiting the fuel consumed in the sources, and limiting the sulfur content of the fuel to no greater than 0.50% by weight. In accordance with 18 AAC 50.210, the capacity of the facility to emit an air contaminant is verifiable through the monitoring, recordkeeping, and reporting contained in this approval. By limiting the potential to emit of the sources listed in Table 1, the owner/operator is avoiding the requirement to obtain an operating permit for a facility that is classified under AS 46.14.130(b) and 18 AAC 50.325(b)(1).

Table 1
Source Inventory Subject to Limit

| <u>Description</u> |
|-------------------------------|
| No. 1 Diesel generator 400 kW |
| No. 2 Diesel generator 420 kW |
| No. 3 Diesel generator 250 kW |
| No. 4 Diesel generator 250 kW |
| No. 5 Diesel generator 15 kW |
| No. 6 Diesel generator 6 kW |

| | |
|--------------|--------|
| No. 1 Boiler | 300 hp |
| No. 2 Boiler | 100 hp |
| No. 3 Boiler | 100 hp |

Excess Emission Notification Form

ADEC Notification Form

Fax this form to: (907) 269-7508

Telephone: (907) 269-8888

Company Name

Facility Name

Reason for notification:

☐ **Excess Emissions**

If you checked this box

Fill out section 1

☐ **Other Deviation from Permit Condition**

If you checked this box

fill out section 2

When did you discover the Excess Emissions or Other Deviation:

Date: __/__/__ Time:__:__

Section 1. Excess Emissions

(a) Event Information (Use 24-hour clock):

| | START Time: | END Time: | Duration (hr:min): |
|-------------|-------------|---------------|--------------------|
| Date: _____ | _____:_____ | _____:_____ | _____:_____ |
| Date: _____ | _____:_____ | _____:_____ | _____:_____ |
| | | Total: | _____:_____ |

(b) Cause of Event (Check all that apply):

| | | |
|------------------------------------|--|--|
| <input type="checkbox"/> START UP | <input type="checkbox"/> UPSET CONDITION | <input type="checkbox"/> CONTROL EQUIPMENT |
| <input type="checkbox"/> SHUT DOWN | <input type="checkbox"/> SCHEDULED MAINTENANCE | <input type="checkbox"/> OTHER _____ |

Attach a detailed description of what happened, including the parameters or operating conditions exceeded.

(c) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

| Source ID No. | Source Name | Description | Control Device |
|---------------|-------------|-------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(d) Emission Limit Potentially Exceeded

Identify each emission standard potentially exceeded during the event. Attach a list of ALL known or suspected injuries or health impacts. Identify what observation or data prompted this report. Attach additional sheets as necessary.

| Permit Condition | Limit | Emissions Observed |
|------------------|-------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(e) Excess Emission Reduction:

Attach a description of the measures taken to minimize and/or control emissions during the event.

(f) Corrective Actions:

Attach a description of corrective actions taken to restore the system to normal operation and to minimize or eliminate chances of a recurrence.

(g) Unavoidable Emissions:

Do you intend to assert that these excess emissions were unavoidable?

☐ YES ☐ NO

Do you intend to assert the affirmative defense of 18 AAC 50.235?

☐ YES ☐ NO

Section 2. Other Permit Deviations

(a) Sources Involved:

Identify each emission source involved in the event, using the same identification number and name as in the permit. List any control device or monitoring system affected by the event. Attach additional sheets as necessary.

| Source ID No. | Source Name | Description | Control Device |
|---------------|-------------|-------------|----------------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |

(b) Permit Condition Deviation:

Identify each permit condition deviation or potential deviation. Attach additional sheets as necessary.

| Permit Condition | Potential Deviation |
|------------------|---------------------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |

(c) Corrective Actions:

Attach a description of actions taken to correct the deviation or potential deviation and to prevent recurrence.

Based on information and belief formed after reasonable inquiry, I certify that the statements and information in and attached to this document are true, accurate, and complete.

Printed Name:

Signature:

Date